



The Long Term Care Coordinating Council
Wednesday, November 12
10:00-11:30 am
Child and Family
1268 Eddy St.
Providence, RI

MINUTES

Kathleen Heren Bonnie Sekeres Mia Flurio Bonnie Larsen Aida Crosson Deb Burton Paula Parker Kathy McKeon Elaina Goldstein Bill Flynn Elena Nicolella Jenn Crosbie Ellen Mauro	Nicholas Oliver Holly Garvey Marlanea Peabody Jim Nyberg Ken Pariseau Kathleen Dalton Mary Lou Moran Carla Corona George Sousa Edmundo Donatin Amanda Clarke Michelle Szylin Mary Ladd	Susan Pomfret Nancy Silva Sakinah Abdur-Rasheed Diana Beaton Jacqueline Kelly Donna McGowan Rachel Richards Lisa Pontarelli Chris Gadbois Marea Tumber Lt. Governor Roberts
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I. Welcome

II. Approval of minutes from October 8

The minutes were circulated via email and they are posted on the SOS website. The minutes from the October meeting were approved.

III. Announcements

One of the recommendations in the Alzheimer's State Plan was to engage with RWU Law School to produce a Safe Driving Brochure. The brochure gives an overview of the laws, processes and resources available to assist families with concerns about

safe driving. The Lt. Governor met with Mike Lewis at DOT about partnering to distribute the brochure. A PDF of the pamphlet is posted on the Lt. Governor's website. The Lt. Governor also hopes to partner with others, such as DMV and AARP.

IV. Subcommittees Review

- a. ICI-CAC** - The next ICI-CAC meeting is **December 18, 10:00-11:30 am** at Child & Family, Lower Level Conference Room

Holly Garvey gave a brief enrollment update. Total ICI enrollees as of November 1, 2014: 17,363 in RHO, 4,936 in 4CP, and 309 in PACE, for a total of 22,299. There were 526 new RHO enrollees with an effective date of November 1, and 498 with an effective date of December 1. Total ICI enrollment is down slightly since October. This is probably due to later decisions to opt out of 4CP because it is a Medicaid only plan. The overall RHO opt-out percentage is approximately 20% and has been fairly consistent. The primary reasons that people opt-out are because they do not want to change their current program, or because their PCP does not participate in the new program.

A question was asked about a person in the Living Rite program how their care is managed between NHP and BHDDH. There is still concern over "category" issues and what funds are being used for different services. Elena Nicolella said that BHDDH can use Medicaid funds since this person was eligible for Medicaid, but suggested that further discussion should take place at the next ICI-CAC meeting. Maureen Maigret asked to Holly to clarify whether the MOU Ombudsman grant is for \$250K over 1 year or over 3 years. Holly confirmed that it is over 3 years.

- b. Aging in Community Act- Next meeting: December 17, 2:00-3:00pm**

Maureen Maigret gave an overview of this subcommittee's work. The group met for the first time on October 27, and again on November 12 before the LTCCC meeting. The group discussed aging in community definitions, performing a needs assessment and assessing what already exists in the community. In the short-term, this subcommittee will examine two previously identified service gaps: nutrition/home delivered meals, and caregiver respite. At the November 12 meeting, Rhonda Schwartz and Paula Parker gave an overview on the RI State Plan on Aging.

- c. Alzheimer's Caregiver TF-** Thursday, 11/13, 2:00-3:00pm & **Professional Workforce TF**, 3:00-4:00pm at Elmhurst Extended Care, 50 Maude St, Providence
- d. Alzheimer's Research Conference TF-** Thursday, 11/20, 4:30-5:30pm at Coro West
- e. Alzheimer's Full Commission-** Tuesday, 12/2, 10:30am-12:00pm, at Child & Family

- f. **LGBT Elder Care- Writing group-** Thursday, 11/13, 12:00-1:30pm at the State House & **Full Commission-** Tuesday, 11/18, 2:30-4:00pm at the Pine Street YMCA.

Bill Flynn encouraged everyone to see the movie Gen Silent, which is a movie about the challenges that LGBT elders face. SAGE has a copy of Gen Silent. If anyone would like to sponsor a screening, please contact Sally Hay. Cathy Cranston is the new Interim Director of SAGE, which is a mostly volunteer-run organization. Cathy is working on creating a vision for SAGE going forward, and what they can do for the 30 million LGBT elders by 2030.

Holly Garvey and Elena Nicolella gave the Lt. Governor a plaque on behalf of EOHHS, and thanked her for her invaluable leadership. The Lt. Governor thanked Holly and Elena, and stressed the importance of continuing this group's work. The world is changing, and we need to keep the momentum going so that people age well whoever and wherever they are.

V. Transportation Update

Marlanea Peabody (EOHHS) and George Sousa (LogistiCare) gave a non-emergency medical transportation update. George Sousa said that LogistiCare had 110,942 gross trips in October, with 857 complaints and 22 instances of "No Vehicle Available" (NVA). The NVA percentage has dropped to less than 0.1% of total trips, and this is mostly because of the expansion in the network. George also gave a 6-month status report. In May, LogistiCare had 88,000 total trips, with 622 complaints and 1,573 NVAs. LogistiCare now has 48 providers; the original providers have expanded, plus they have added new vendors. LogistiCare hopes to add PACE by mid-December, and Forest Farm for Aquidneck Island as soon as possible. LogistiCare continues to work on driver training. The Center for Treatment and Recovery in Pawtucket may become a provider. Providers can be added as transport just for their own clients, or they can choose to offer transport to people outside of their network, too.

In the past, people were able to get their RIPTA bus passes at markets using their Medicaid card. This system did not provide enough data for LogistiCare, so people will now receive their passes through the mail. LogistiCare started reaching out to markets and facilities (i.e. Coastal, Community Health Centers) in October to help with the transition. LogistiCare is expecting to receive a lot of calls in the end of November when people go to the markets and cannot get bus passes. The call center will have extra staffing in anticipation of increased call volume. The bus passes are for non-disabled adults in the Rhody 10 program. Of the 92,000 in the program, approximately 10% use the bus passes.

Maureen Maigret asked if the bus passes are a part of the Medicaid program. Elena said that EOHHS has to provide non-emergency medical transportation by law and in the most cost effective manner possible. The costs are covered at 50/50

(state/federal) match, and at 100% for the expansion population that is covered at 100% by the federal government.

Bonnie Sekeres asked if the complaints are different now than they were in May. George said that there both trivial and serious complaints, ranging from dislike of car color to a lift that did not work. In October, they saw a spike (36%) in rider no-shows. In these cases, the vehicle provider is filing the complaint because they do not get paid for rider no-shows.

The Lt. Governor asked if LogistiCare saw trends with providers. Carmen Corona said that they look at the total volume of trips per provider. If providers are frequently late, she will talk to them. She will also reduce their trips if they are taking on too many calls and cannot handle the volume. If the late percentage is near 1%, that is too high and she will cut them back and consider liquidated damages. Nicholas Oliver asked if riders who are chronic no-shows are disallowed services. George said no, LogistiCare cannot deny services.

Sometimes facilities are not cancelling after patient has been discharged, and this is very challenging for LogistiCare. Mary Lou Moran asked about the standing order procedure. Currently, facilities can only make changes to standing orders 7 days before the scheduled ride, and it is difficult for facilities to remember to do this. Mary Lou asked if there is any way to change this procedure so that facilities can notify more than 7 days ahead. George said that facilities can fax ahead, and that LogistiCare can keep the fax in the rider's folder for the correct week. Maureen asked if the upcoming hearing about proposed regulations regarding the transportation contract and a consumer's ability to walk one-half mile to the bus stop was a new policy. Elena said this is a CMS requirement. Kathy Heren reminded everyone that there is a transportation meeting at the Alliance for Better Health on Wednesday, November 26 at 10:30am.

VI. Fair Labor Standards Act Ruling (FLSA): Application to Domestic Service

Elena Nicolella from EOHHS provided an overview of the substance of the recent federal FLSA change and how RI EOHHS is responding to the ruling by reviewing their program processes. The enforcement of the law is postponed, but EOHHS is in the process of reviewing their programs. The FLSA provides rights to most workers regarding minimum wage, overtime and travel compensation. Personal care workers have been exempt through the companionship exemption for the disabled and frail, and also if the caregiver lived in. In October 2013, the Department of Labor (DOL) issued rules that changed this to protect workers. Elena said there are some significant changes to be made and EOHHS will comply. In October 2013, the DOL narrowed the companionship exemption. Now, the role must truly be companionship, and the rule limits how much medical help they can give. Elena stated that there is not too much impact with this part of the rule. The second is more impactful; if home care and personal care services are through a third-party

employer, such as a state agency, managed care organization (MCO) or provider agency, then that entity cannot take exemptions. If someone is in self-directed care program, there are effectively two employers: the person receiving services and the state. The consumer is not required to comply with FLSA changes, but the third party must comply. Elena discussed the changes with Craig Stenning at BHDDH, and it appears that BHDDH is in compliance.

At EOHHS, the only area that needs change is in shared living where the caregiver lives in the consumer's home. The first action that EOHHS has taken is through an October 28 email that stops new enrollments into a living-in situation. DOL is not enforcing, but this is not the same as not implementing, and EOHHS needs to comply with the law. During the first six months of the rule there is no legal liability, after that there is. If preliminary review reveals any other issues, EOHHS will report back.

Rachel Richards from Caregiver Homes disagrees with this change in process. She said that her organization provided legal documents and information to EOHHS about other states' actions, and no other states are taking this action. She said that caregivers are independent contractors, not employees, and therefore FLSA does not apply to them. Consumers who have had this caregiver arrangement for a long time are very concerned, and she would like to have a transparent conversation with EOHHS and be a part of the process. Elena and Rachel will connect after the meeting to discuss this further. Elena asked people to contact her if they have any concerns.

VII. Home and Community Care Services to the Elderly Program (Paula Parker, DEA)

At the last LTCCC meeting we had a presentation about the Personal Choice LTSS option. Today, Paula Parker discussed DEA's "Home and Community Care Services to the Elderly Program." The DEA program is another option for LTSS and it would be helpful to have clarity about how people can access the program.

In 2013, RI applied to extend the 1115 Demonstration Waiver, which expanded the DEA Co-pay/CNOM population in two ways: 1) by raising the upper income limits from 200% FPL to 250% FPL; and 2) by providing services for individuals who are aged 19-64, have a physician's diagnosis of dementia and who meet all other program requirements. CNOMs are not Medicaid recipients even though there is a federal match and it is not an entitlement program. Maureen asked about new 250% FPL limit, and Paula said that DEA hopes to have the budget to pay for this increase in eligibility.

LTC Waiver Services include assisted living, home care and case management services. In 2013, with the inception of the Integrated Care Initiative, many individuals in the LTC Waiver were enrolled in Rhody Health Options (RHO) and they now receive their services and case management through NHPRI. DEA maintains oversight responsibility for those LTC Waiver individuals who remain in

the Fee for Service (FFS) category. Co-pay/CNOM services are funded with general revenue funds, matching federal funds and client co-payments. For home care services, there is a 20-hour per week maximum of authorized services.

There are two age categories for eligibility, 21-64 years old and 65+ years old, and they must also meet financial and clinical criteria. The 21-64 years old age category is an artifact of the system; DEA did not used to have this population, but they do now because this group utilizes LTC services. For those individuals receiving Medicaid Waiver services, they are bound by the asset limits for the Medicaid program. However, the Co-pay/CNOM Program itself does not have asset limits. There is “no wrong door” to gain information about and access the DEA HCC Program. Individuals may be referred to DEA by their doctor, by the ADRC/The POINT, by community agencies, by a family member or by contacting DEA on their own behalf.

The Lt. Governor asked how DEA prioritizes enrollment when cap is reached. Paula said that they have had a waiting list in the past, but not in the past three years. When funds are limited, they take measures such as not increasing the level of services. For FY 2014, there were 2,278 FFS Waiver clients, and 1,600 RHO Waiver clients. Paula is going to double check with NHP to be sure that they are measuring enrollees the same way that HP Claims is for the FFS population.

VIII. Public Comment

Kathy McKeon reminded everyone that November is Caregiver month. The Caregiver Alliance had a kickoff event on November 3, and Lt. Governor Roberts received the Langevin award for her excellence in leadership and involvement with the Alzheimer’s State Plan.

IX. Next Meeting: Wednesday, December 10, 10:00-11:30am at Child & Family